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Monday, 11 June 2012, 10 a.m.
New York

President: Mr. Al-Nasser. . . . . (Qatar)

In the absence of the President, Mr. Zinsou (Benin), Vice-President, took the Chair.

The meeting was called to order at 10.15 a.m.

Agenda item 10

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS

Report of the Secretary-General (A/66/757)

Draft decision (A/66/L.49)

Statement by the President

The Acting President (*spoke in French*): I shall make the following statement on behalf of the President of the General Assembly, His Excellency Mr. Nassir Al-Nasser.

(*spoke in English*)

"One year ago, at a high-level meeting of the General Assembly (see A/65/PV.95), Member States unanimously adopted the historic Political Declaration on HIV and AIDS (resolution 65/277, annex). The Declaration helped to shape the endgame of the AIDS crisis. Member States set clear targets to reduce the transmission of HIV. Today, we come together to review the progress made since that adoption.

"In reflecting on the past year, I am struck by the avid commitment of Member States to realizing our shared values and shared responsibilities. That commitment has inspired a new unity of purpose, a resolve to focus on results and an opportunity to carve out clear roles for Governments, donors, civil society and the United Nations.

"Today, we are riding a wave of renewed hope and are accelerating progress against HIV. We are achieving dramatic reductions in new infections in the hardest hit countries and among young people worldwide. We are also seeing a dramatic scaling-up of treatment in low- — and middle-income countries, from thousands to millions of people in just one decade.

"The AIDS response has had a profound impact on human health and development, advancing the agendas of human rights, social justice and gender equality while helping to build more inclusive societies and moving science forward in the service of people.

"Yet, critical challenges remain. HIV still disproportionately affects vulnerable populations. Populations at higher risk face additional stigmatization and discrimination, which only fuels the epidemic.

"Funding is in decline, thereby diminishing the ability of the international community to sustain the necessary progress. Today's plenary meeting is taking place just over three years before the 2015 deadline to achieve critical targets set by Member States in the Political Declaration. We must ensure that the commitments that were made are

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implemented so that we can redirect the course of the epidemic and avert future costs to society.

"It is critical that we support the integration of HIV prevention, treatment, care and support into relevant health and development programmes. Such programmes include those on sexual and reproductive health, maternal and child health, gender equality, non-communicable disease responses and the strengthening of health systems. We must explore ways by which the scaling up of HIV prevention, treatment, care and support may be leveraged to strengthen not only high-quality health services during specific periods of life, such as pregnancy and childhood, but also to respond to a range of other health conditions and development challenges — challenges such as food security, poverty, drug dependency and the fulfilment of human rights.

"We must also use today's high-level meeting as an opportunity to reflect on the linkages between AIDS and the Millennium Development Goals (MDGs), and in preparation for the upcoming MDG review. The post-2015 development agenda must depend on a strong vision that unites all components of the social sector — health, education, social protection and others.

"Achieving the 10 targets set out in the 2011 Political Declaration is a worthy and achievable aim. But it is not a journey towards a single outcome. Built into the AIDS movement is vast potential for global change that will be felt far beyond 2015.

"It is up to every single one of us — Member States, civil society, the private sector and individuals — to work together to step up the campaign and implement the commitments made for a better tomorrow.

"Together we must act strategically and effectively to achieve the vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. That is a world I wish for us all."

(*spoke in French*):

I now give the floor to His Excellency Secretary-General Ban Ki-moon.

The Secretary-General: One year ago this week, the international community met here at the United Nations to advance the struggle against HIV/AIDS. In the General Assembly and the Security Council, in the hallways and at side events, Governments, intergovernmental organizations, United Nations agencies, philanthropists and even rock stars came together as partners to demand progress and pledge their best efforts to reach our goal of a world free of AIDS. In the Hall, participants at the high-level meeting pledged to show decisive, inclusive and accountable leadership. Their bold Political Declaration (resolution 65/277, annex) included clear targets — to stop new infections, stamp out discrimination and end AIDS-related deaths. Last year marked the thirtieth anniversary of the struggle against AIDS, but we were not looking back. We were looking towards a future where all people get the prevention and treatment services they need.

Over the past year, we have steadily intensified our efforts. Just last week, I helped to launch the integrated implementation framework to track commitments to the Millennium Development Goals (MDGs), including on HIV/AIDS. UN-Women recently joined the Joint United Nations Programme on HIV/AIDS (UNAIDS) to buttress our efforts to address how the virus impacts women and girls. When I launched my five-year Action Agenda, in January, I pledged to reach our goal of ending all paediatric HIV infections. Participants here have carried the AIDS response forward through dedication and hard work. I am here to ask them to do even more so that we can win the race.

Prevention is critical. We have to cut the number of new HIV infections by 1 million by 2015. We can only reach that goal if we reach out to people at risk — sex workers, men who have sex with men, people who inject drugs, women and youth.

Five million young people live with HIV. Each day, 3,000 more are infected. Yet, it is within our power to stop the spread of the disease. Young people are receptive to changing their behaviours. With the right information, they will do what is right for their health.

Last year's Political Declaration pledged treatment for 15 million people by 2015. That means doubling the number of people who now get treatment. We need to diagnose patients earlier, provide therapies more efficiently and develop better medicines. Women and children deserve special attention. Women need sexual and reproductive health services, and HIV-positive mothers must have antiretroviral drugs so their babies will be born HIV-free. Countries should support the

Global Plan towards the Elimination of New Infections among Children by 2015 and Keeping Their Mothers Alive. The Plan can quickly deliver the results we need for the Every Woman, Every Child initiative. Both are generating real commitments from Governments, health experts, activists, business executives and other partners.

During our high-level meeting last year, participants may have seen posters around the United Nations warning about an epidemic. Those dramatic posters said "Stigma Fuels HIV". The point was not to cause alarm; the point was to provoke change. I speak out against stigma every chance I get. Discrimination hampers our efforts to respond to the AIDS epidemic by making it difficult for people to seek prevention and treatment services. I am also urging all countries to end restrictions and penalties for people living with HIV. I am doing everything possible to make the United Nations a model workforce where there is absolutely no stigma at all. All of that work — ending stigma and discrimination, helping to address the special needs of women and youth, and reaching our targets for 2015 — requires funds.

However, international investment for AIDS dropped by 13 per cent from 2009 to 2010. Now that we are working towards 2015, we cannot slow down. All countries must do their part. We must strengthen the existing financial mechanisms, including the Global Fund, even as we search for new sources of sustainable financing. We must mobilize new funds and make the most of all our resources. That will help advance the goals of sustainable development. An AIDS-free generation is a generation that can help to end poverty. As we approach the Rio+20 United Nations Conference on Sustainable Development, let us pledge to make the struggle against AIDS an integral part of our campaign for the future we want.

The Acting President (*spoke in French*): I thank the Secretary-General for his statement.

Mr. Ntwaagae (Botswana): I have the honour and pleasure of delivering this statement on behalf of the African Group, Africa being the continent worst affected by the HIV/AIDS pandemic. We are here today to review the progress that has been made in implementing the Political Declaration on HIV and AIDS (resolution 65/277, annex) adopted at the High-level Meeting in June 2011 (see A/65/PV.95). We would first like to thank the Secretary-General for his detailed report on this agenda item (A/66/757), and also to note the insightful contributions and recommendations contained in the report.

The June 2011 Political Declaration on HIV/AIDS provides us with a road map towards achieving the key targets it contains, to which the international community has committed as part of its response to the HIV/AIDS pandemic. The Assembly will recall that those specific targets include reducing the number of new HIV/AIDS infections; eliminating discrimination; reducing HIV/AIDS-related deaths; reducing by 50 per cent new infections through sexual transmission and among injected drug users; substantially increasing funding; and meeting the needs of women and children, who are among the most vulnerable groups.

The Assembly will recall that in Abuja in 2006, African leaders declared 2010 as the year of universal access to HIV/AIDS prevention, treatment and care and to support services on the African continent. The adoption of that Declaration injected the necessary political impetus into the HIV/AIDS response throughout Africa. Since then, we have witnessed encouraging progress in the continent's HIV/AIDS response, with a drop of more than 25 per cent in new HIV/AIDS cases in at least 22 countries.

Although HIV/AIDS remains a challenge in Africa, particularly in the light of the global economic climate, it is encouraging that Africa continues to make significant progress in combating it. The rate of new infections has declined and stabilized in many African countries, with 22 reporting significant declines in the incidence of HIV/AIDS. AIDS deaths are declining as treatment programmes expand. The coverage of preventing mother-to-child transmission of HIV/AIDS across Africa has increased from 15 per cent in 2005 to 54 per cent in 2009.

Regrettably, however, the progress is extremely fragile, since the number of new infections continues to outpace the rate at which treatment programmes are being scaled up. It is also regrettable that only 37 per cent of people living with HIV/AIDS on the African continent have access to treatment. It is important to bear in mind that Africa is home to about 22.5 million people living with the disease, among them young people, women and girls. That particular group constitutes about 59 per cent of all people living with HIV/AIDS in Africa. Prevailing inequalities, including gender-based violence and socio-economic disparities, increase women and girls' risk of HIV/AIDS infection.

Moreover, the stigma and discrimination around HIV/AIDS continue to prevail in many countries.

As the Secretary-General's report acknowledges, a family-centred approach is more effective in advancing the linked goals of reducing new infections in children, optimizing health outcomes for women and children living with HIV/AIDS, reducing the number of children orphaned by HIV/AIDS and minimizing poverty among HIV-affected households. In that regard, the African Group reaffirms the central role of the family, while taking into account the various cultural, religious and ethical factors involved, in reducing the vulnerability of children and young people and ensuring the access of both boys and girls to primary and secondary education, including HIV and AIDS in curriculums for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information on sexual health education and counselling services; and strengthening sexual and reproductive health programmes.

Furthermore, there is still a serious shortfall in resources for HIV/AIDS response in Africa. The result, as I indicated earlier, is that about two thirds of those who require antiretroviral treatment are unable to access it. In that regard, the African Group expresses its deep concern that the funding devoted to HIV/AIDS responses is still not commensurate with the magnitude of the epidemic. The ongoing global financial and economic crisis continues to have a negative impact on HIV and AIDS response at all levels. We therefore welcome the increased resources that are being made available as a result of the establishment by many developed countries of timetables for achieving the target of 0.07 per cent of gross national product for official development assistance by 2015. We also stress the importance of complementary, innovative sources of financing in addition to traditional funding, including official development assistance for supporting national strategies, financing plans and multilateral efforts aimed at combating HIV and AIDS.

The African Group further reaffirms the vital importance of guaranteeing access to affordable treatment, vaccines, medicines, traditional medicine and indigenous knowledge, and then of prioritizing the search for solutions that can make possible, through a specific industry licence, the production of HIV/AIDS medicines so as to generate companies in the developing world, through intensified effort on the part of the World Health Organization, the World Trade Organization and World Intellectual Property Organization aimed at ensuring that issues of intellectual property rights do not hinder access to affordable medicines.

The African Group urges developed countries to support the strengthening of health systems in developing countries by implementing the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel.

A chronic shortage of health workers in developing countries hampers efforts to combat HIV/AIDS.

In conclusion, the African Group reaffirms its commitment to the goal of eliminating new HIV/AIDS infections among children and keeping their mothers alive. Let us intensify efforts to reach out to all women and children at risk of HIV/AIDS with the services that they need. There is clear continental and international political will and commitment to achieving universal access and the health-related Millennium Development Goals by the year 2015. Together, and in solidarity, leaders of the African continent, professionals, the private sector, civil society, people living with HIV/AIDS, young and old can all work together to stop new infections, which continue to outpace the number of people starting treatment in the African continent.

Mr. Mac-Donald (Suriname): I have the honour to speak on behalf of the 14 member States of the Caribbean Community (CARICOM) at this plenary meeting to review the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 65/277, annex). I would like to use this opportunity to thank Secretary-General Ban Ki-moon for introducing the report contained in document A/66/757.

In June 2011, at the United Nations high-level meeting on HIV/AIDS, the international community met to reaffirm our commitment to ending the HIV/AIDS epidemic. We pledged to place increased focus on populations at high risk and build shared responsibility among Governments, the private sector and non-governmental organizations for achieving the targets. We further committed to redoubling efforts to achieve universal access to prevention, treatment, care and support by, among other things, eliminating inequalities and gender-based violence, especially against women and adolescent girls.

For the past 11 years, the region's response to HIV/AIDS has been articulated through the Pan-Caribbean

Partnership against HIV/AIDS (PANCAP). In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) regional support team and other partners, PANCAP supports the efforts of Caribbean members to achieve the targets of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS.

PANCAP remains an international best practice, as the Caribbean region is the only region of the world where a governance mechanism is in place to leverage the engagement of Governments, regional civil society, including people living with HIV and vulnerable communities, United Nations partners such as UNAIDS and the Pan American Health Organization (PAHO) and international development partners.

At the eleventh PANCAP annual general meeting, held in the Bahamas in 2011, CARICOM countries and other regional States and partners reaffirmed the region's commitment to the 2010 PANCAP declaration, which identified the major targets to be achieved by the Caribbean by 2015. Those targets coincide with the Political Declaration on HIV and AIDS and include eliminating new infections among children, increasing access to care and treatment by 80 per cent, reducing new infections by 50 per cent and accelerating the programme of human rights for people living with HIV, including the elimination of travel restrictions.

The Caribbean has also led efforts to ensure that HIV and AIDS are retained as a key issue on the post-2015 development agenda. Women and girls continue to be disproportionately affected by the epidemic, which has a significant impact on social and economic development.

CARICOM countries took the lead to raise awareness of the impact of non-communicable diseases on development and, over the past year, began to identify the policy and programmatic nexus between HIV and chronic non-communicable diseases in order to increase the efficiency of resources allocated and to obtain greater results. We have learned that to address diseases such as HIV, we must systematically address the underlying causes of risks and vulnerability. Those include issues of gender equality, poverty, inequity and social inclusion. There is regional consensus on the need to focus on vulnerable groups and to meaningfully engage civil society to reach hard-to-reach communities.

HIV has also brought to the fore discussions on ownership and accountability and has changed the region's approach to the participation of affected populations in the response. Cognizant of commitments to achieving the Political Declarations, the UNAIDS regional support team and the PANCAP Coordinating Unit are working with countries to establish a new generation of strategic plans for HIV that recognize the role of poverty, inequality and social exclusion in creating the risk environment for ill health and HIV. Achieving shared responsibility for outcomes across the public, private and community sectors is a key strategy.

The Caribbean is aiming to be the first region in the world to eliminate the mother-to-child transmission of HIV. The PAHO technical working group on mother-to-child transmission and congenital syphilis in the Caribbean is responsible for providing the necessary guidelines and, where necessary, technical assistance to countries.

The PANCAP Coordinating Unit of the CARICOM secretariat has been working with implementing partners such as the University of the West Indies, the Caribbean Health Research Council, the Caribbean Vulnerable Communities Coalition, the Caribbean HIV&AIDS Alliance and the Caribbean Regional Network of People Living with HIV on a series of programmes designed to assist Caribbean countries in building capacity to achieve the targets. Those include providing support for the training of workers, building the capacity of vulnerable communities and community organizations, the implementation of a number of regional model policies and professional guidelines such as the Regional Model Condom Policy and codes of practice for medical and psychosocial practitioners.

In the current global economic context, the Caribbean region is carefully examining the options for ensuring the sustainability of the HIV response, given the increasingly limited access to external resources and limited fiscal space in most countries.

PANCAP is developing an electronic map of resources allocated by countries and external partners to the HIV response to better inform national and regional priority-setting. We intend to continue working within the Global Fund and other international bodies to overcome excessive eligibility constraints and to access funding for targeted populations.

As a region, accelerating the human rights agenda around HIV remains a priority. The UNAIDS regional support team is supporting countries through its establishment of the coalition for social justice and an operative legal aid system established to

support vulnerable populations seeking legal redress. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the PANCAP Coordinating Unit is working with regional countries to implement an anti-discrimination legislative agenda.

Model antidiscrimination legislation has been considered by CARICOM ministers of health, chief parliamentary counsels and will soon be examined by CARICOM attorneys-general. Together with the United Nations Special Envoy for HIV/AIDS in the Caribbean, Dr. Edward Greene, and the UNAIDS regional support team, CARICOM countries have started a series of national consultations focused on an accelerated agenda for human rights to reduce stigma and discrimination. CARICOM member States will continue to take the necessary steps to create synergies at the country and the regional levels to achieve our targets on HIV and AIDS. In addition to seeking to advance South-South cooperation, we look forward to continued collaboration with our development partners to that end.

Mr. Sea (Cambodia): In Cambodia's capacity as Chair, I have the honour to deliver this statement on behalf of the 10 member States of the Association of Southeast Asian Nations (ASEAN), which consists of Brunei Darussalam, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam on the implementation of the 2001 Declaration of Commitment (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262, annex).

We at ASEAN express our warmest appreciation to the President for convening this meeting, and to the Secretary-General for his report (A/66/757) on the implementation of the Declaration of the Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS. We also strongly support the calls for the Members States of the United Nations, made by Non-Aligned Movement (NAM) ministers during the meeting held in Egypt in May, to significantly scale up their efforts towards the goals of universal access to comprehensive prevention programmes, treatment, care and support and towards halting and reversing the spread of the HIV/AIDS pandemic by 2015.

Recognizing that health is a fundamental right of our people, ASEAN is united in our efforts to reduce and eliminate the transmission of communicable diseases in South-East Asia, including HIV/AIDS. ASEAN is steadfast in its commitment to achieving Millennium Development Goal (MDG) 6, which specifically addresses HIV/AIDS.

Since the initial adoption of the Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, ASEAN leaders have also remained steadfast in our commitment to halt and reverse the spread of new infections. During the nineteenth ASEAN Summit, held in Bali, Indonesia, in 2011, member States adopted the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths, which seeks by 2015 to reduce the transmission of HIV by 50 per cent, eliminate new HIV infections among children and scale up antiretroviral treatment, care and support to 80 per cent coverage of people living with HIV.

The ASEAN Task Force on AIDS, established in 1993, met in Bangkok last year under the theme "Getting to zero in ASEAN: responses, gaps, challenges and ways forward". According to the Task Force's first ASEAN regional report on HIV, over 1.5 million people are estimated to be living with HIV in the ASEAN region. As a result of a coordinated regional response and international assistance, including initiatives to support member States in reaching key affected populations for treatment and prevention, prevalence rates have decreased overall in South-East Asia and many countries in the ASEAN region have reached their targets in treatment coverage. Members of ASEAN have been global leaders in their response to HIV: Thailand and Malaysia, for example, were cited as global superstars in preventing the mother-to-child transmission of HIV. Furthermore, in September 2010, Cambodia received the United Nations MDG 6 award for its outstanding national leadership, commitment and progress towards combating HIV/AIDS.

However, in spite of tremendous progress since 2001, two member States have experienced an increase of new infections — over 25 per cent — and prevalence rates among key populations, such as sex workers and their clients, remain high. Moreover, most member States continue to depend on international assistance in controlling and reversing the epidemic. Because of that, the ASEAN Task Force supports the fast-tracking of accreditation for licensing in ASEAN member States to produce affordable generic antiretroviral drugs.

Currently, ASEAN members are movi g towards building an ASEAN community by 2015. One of

the key pillars in that undertaking is the ASEAN Socio-Cultural Community Blueprint, which lists the elimination of HIV is one of its priorities. We recognize that the HIV epidemic threatens the realization of that effort, with profound socio-economic consequences. As such, ASEAN strongly welcomes the first report of the General Assembly since the High-level Meeting on HIV/AIDS, which reviews progress made during the previous decade. We understand that effective responses must deliver focused, evidence-informed interventions that specifically address the unique needs of at-risk populations.

In order to achieve the vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths, ASEAN seeks more concrete and closer ties with multilateral, bilateral and other international organizations that involve all stakeholders in implementing comprehensive responses. Those dialogues and partnerships need to be pursued strategically with energy, vigour and passion. In doing so, we can move closer to achieving the vision of the interrelated zero objectives, as outlined in the report of the Secretary-General.

While tremendous progress has been made in halting and reversing HIV/AIDS, much work remains to be done. The elimination of HIV/AIDS in our respective societies is one of the great undertakings aimed at the well-being of our people. Given the nature of epidemics, we cannot achieve zero AIDS-related deaths without a strong political commitment on the part of the individual Governments of ASEAN, with cooperation, coordination and technical and financial assistance from the international community and all States Members of the United Nations.

Mr. Gaspar Martins (Angola): It is an honour and a privilege, as Chair of the Southern African Development Community (SADC), to share with the Assembly information on the regional status of HIV/AIDS, current interventions and challenges impeding our efforts to intensify our response.

SADC aligns itself with the statement delivered by the representative of Botswana on behalf of the African Group.

Significant gains have been made in the HIV/AIDS response over the past decade in our region. Many countries in the SADC region have during the past 12 months achieved the expansion of access to antiretroviral therapy and prevention of mother-to-child transmission. Significant declines have also been recorded in AIDS-related deaths, HIV prevalence among young pregnant women, as well as declines in the rate of sexual transmission of HIV and new infections in children.

The achievement of the target as agreed in the 2011 Political Declaration on HIV/AIDS (resolution 65/277, annex) is vital for the future global health and well-being of our people. However, with less than four years remaining before the target year, we are concerned that the current response is unlikely to result in the 2015 targets being reached.

Southern Africa is still grappling with the challenges of HIV/AIDS. The region has 4 per cent of the global population but accounts for 36 per cent of the global burden of HIV/AIDS, making it the most affected by this epidemic. The impact of the HIV/AIDS epidemic has undermined the potential of southern Africa to achieve the Millennium Development Goals (MDGs) by 2015, as halting the spread of HIV/AIDS is not only an MDG in and of itself but also a prerequisite for reaching other MDGs.

Despite the continued efforts and commitments by Governments of the region to address HIV/AIDS in order to make a difference in the lives of our people, the region is faced with other challenges, including overburdened health-care systems, especially in terms of infrastructure and human resources capacities; underdevelopment and poverty, especially now, in the context of the rising food and oil prices, as well as the effect of climate change; inadequate monitoring and evaluation systems, as well as research capacity and ownership; the limited alignment and harmonization of HIV/AIDS resources, and the unaffordable prices of medicines, especially antiretroviral drugs.

Aware of those challenges, SADC has resolved to jointly mobilize our capacities and resources to fight the epidemic by utilizing our comparative advantage of being a regional institution, best practices and experiences continue to be shared among SADC member States in the areas of nutrition, voluntary counseling and testing, prevention of mother-to-child transmission, and mainstreaming gender and human rights in HIV/AIDS programmes.

SADC's drive to develop a harmonized HIV/AIDS policy and institutional mechanism is built upon existing and proven country-level best practices. In addition, SADC national AIDS councils and commissions remain major actors in the coordination of the response plans.

As we strive to meet the commitments we made towards reaching universal access to HIV/AIDS prevention, treatment, care and support, we acknowledge the reality of the diminishing external resources to fund the global HIV/AIDS response. Declines in global spending underscore the need to redouble efforts to mobilize much-needed resources to achieve the targets.

In that regard, we wish to stress the need for continued technical assistance and sustainable financial options for an HIV/AIDS response. SADC recognizes the need to explore the potential of new and existing partnerships with various developed partners and financing institutions as well as our shared responsibility in that regard. We recognize also that enhancing our efforts to integrate HIV/AIDS into broader health and development plans is critical for leveraging resources to achieve the targets.

Our region advocates a holistic response that includes taking all measures to reduce new HIV infections. We call for the engagement of men and boys in scaling up voluntary counselling and testing, antiretroviral treatment, male circumcision and comprehensive prevention of mother-to-child transmission to achieve the virtual elimination of mother-to-child transmission.

We support the scaling up of periodic treatment and care and the taking of all measures necessary to keep mothers alive while removing HIV-related stigma and discrimination and ensuring high-impact, cost-effective, sustainable and accountable responsive instruments for HIV in particular and in the health field in general.

We want to make sure that every girl and boy has correct knowledge about HIV/AIDS as well as the skills to enable them to protect themselves from HIV. We also want to ensure that all pregnant women in the region have access to services aimed at the prevention of mother-to-child transmission that are integrated into antenatal care, thus ensuring that all men, women and children in our countries who need treatment can get it as close as possible to where they live. Furthermore, we are striving to provide support through home care or other means, in collaboration with non-governmental organizations and faith-based organizations, as follow-up to our patients and to guarantee that all children and families made vulnerable by HIV/AIDS have access to all social services, care and support, including psychological and nutritional support.

In conclusion, on behalf of the States members of SADC, I wish to take this opportunity to extend our sincere appreciation to all our development partners for providing technical and financial support to fight this scourge. The adverse impact of the ongoing financial and economic crisis, the continuing food insecurity, the energy crisis and the challenges posed to developing countries by climate change continue to prevent the achievements of recent years from being sustainable.

In that regard, we hope that, as partners, we will continue to work together for our mutual benefit in addressing those millennium challenges. We are committed to the global effort in that area, and we are aware of the many challenges that lie ahead. Together with our partners, we are committed to doing everything possible to achieve universal access and to eliminate new infections.

In that regard, SADC renews its commitment to the full implementation of the 2011 Political Declaration on HIV and AIDS.

Mr. Bula'nek (European Union): I am speaking on behalf of the European Union (EU) and its member States. The acceding country Croatia, the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Iceland and Serbia, the countries of the Stabilization and Association Process and potential candidates Albania and Bosnia and Herzegovina, as well as Ukraine and Georgia align themselves with this statement.

The High-level meeting on AIDS in June last year (see A/65/PV.95) provided an important opportunity to reaffirm our political commitment and to address such issues. However, HIV and AIDS continue to pose a threat to development and to the well-being of individuals. It is only by involving and by educating young women and men, girls and boys, as well as adults, about sexual health that we can successfully combat HIV and AIDS. We welcome the excellent report of the Secretary-General (A/66/757) on progress towards achieving the targets of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), including the recommendations contained therein.

The report demonstrates that there has been significant progress, but also that much remains to be done. Most important, we need an evidence-informed response in terms of increasing and improving prevention efforts; improving access to treatment, care and support services; the removal of laws and policies to achieve effective and rights-based AIDS responses; the allocation of adequate resources; and comprehensive

protection for vulnerable people. The European Union remains committed to ending HIV-related stigma and discrimination, including those affecting key populations, such as injecting drug users, men who have sex with men and sex workers.

The leadership of the United Nations and its membership is essential. We would again like to acknowledge the usefulness of the report and the importance of the Joint United Nations Programme on HIV/AIDS to us. We are particularly pleased that UN-Women has now joined as the eleventh sponsor.

Although the global HIV incidence has declined, there is no room for complacency, as the number of people who become infected remains on the rise in Eastern Europe, Central Asia, North Africa, the Middle East and parts of Asia. Globally, the number of new infections still outpaces the number of new patients under treatment. The HIV/AIDS epidemic remains a global challenge, which calls for continued global attention and a sustained and long-term response.

The European Union helps by strengthening cooperation among national authorities, civil society and stakeholders across Europe. EU policies involve providing political support to authorities and stakeholders in the EU and in neighbouring countries so as to improve access to prevention, treatment, care and support, to reach migrants from countries with a high prevalence of HIV, and to improve policies targeting populations most at risk.

Most new HIV infections are spread through unsafe sex. In the context of HIV and AIDS, there is therefore a need to further integrate sexual and reproductive health and rights into policies and programmes at the local, regional and international levels and to address the drivers of the HIV epidemic. Comprehensive sex education in and outside school, access to youth-friendly information and health-care services, access to affordable and high-quality male and female condoms and other forms of prevention and contraceptives, and an increase in services to sexual partners must be part of our response to fight HIV and AIDS.

It is especially important that men and boys are informed and educated about their roles and responsibilities. In that regard, we welcome the work on youth and adolescents undertaken by the United Nations, most recently by the Commission on Population and Development. We look forward to further addressing the challenges of combating HIV and AIDS and to implementing the 2011 Political Declaration and the recommendations of the Secretary-General's report in close cooperation with Member States, United Nations agencies and other stakeholders.

Let me end by raising a general concern. The HIV response has always been a great joint effort of the world community, marked by high-level political commitment. We should all do our best to continue that joint effort, and should focus on evidence-based effective measures, although it may sometimes be challenging to adapt them to national realities. Open dialogue is key to reversing the trend of the increasing number of new HIV infections observed in some regions of the world.

Mr. Mashabane (South Africa): We align ourselves with the statements delivered on behalf of the African Group and the Southern African Development Community.

My delegation wishes to thank the Secretary-General for his informative report entitled "United to end AIDS: achieving the targets of the 2011 Political Declaration" (A/66/757). AIDS remains one of the major challenges facing our countries, sub-Saharan Africa being most heavily affected. South Africa is among the 22 priority countries identified in the Global Plan. We appreciate the assistance and the support that we receive in that regard. It is our view that HIV is linked to the development agenda, and we urge the international community to support national programmes that focus on poverty eradication and improve economic growth. The fight against HIV and AIDS can benefit from the progress made in the achievement of the Millennium Development Goals.

No single country can be successful in the fight against the epidemic. Therefore, partnership becomes critical. Africa has revitalized the AIDS Watch Africa initiative, a continent-wide network dedicated to the fight against the epidemic.

Much progress has been made by the world in the fight against AIDS, but it is unlikely that we will be able to achieve our goals by 2015. We need to redouble our efforts in order to improve and promote universal access to HIV prevention, treatment, care and support for those who need them.

Financial resources remain a challenge, as we have observed that HIV funding has decreased since 2010, with only $15 billion being available for the HIV response in 2010, as against the target of reaching

$24 billion in HIV investment by 2015.We are grateful to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to the United States President's Emergency Plan for AIDS Relief for their continued support.

Access to HIV drugs is another challenge, as costs are very high. Perhaps we need to consider investing in local manufacturing of generic drugs to reduce costs. More efforts need to be undertaken in areas such as greater involvement of people living with AIDS; gender inequality and the empowerment of women and girls, especially in exercising their reproductive rights; access to quality education; gender-based violence; and the promotion and protection of the human rights of populations at higher risk who still face stigma and discrimination based on their sexual orientation and gender identity. As a result of such stigma and discrimination, populations at higher risk face exclusion from national economic, health and social support programmes. Research must continue to develop new, safe and cost-effective methods to reduce women's vulnerability to HIV transmission, including female condoms. We have observed that certain countries continue to impose travel restrictions on people living with HIV and we believe that such actions are discriminatory and need to be reviewed.

South Africa's response to HIV/AIDS is based on strengthening health systems, including primary health-care approaches. We have also integrated HIV programmes with other health services, including women's and children's health, tuberculosis and non-communicable diseases. We have shifted the way we think about the response to the epidemic and have recognized the need to expand beyond the health sector and include all sectors — every department, all institutions, all organized structures, communities, households and individuals.

We have unveiled a new national strategic plan on HIV, AIDS and tuberculosis for the period 2012-2016. For the first time in our history, we have integrated HIV, AIDS and tuberculosis in the same strategic plan. The new plan outlines a 20-year vision for the country in the fight against the double scourges of HIV/AIDS and tuberculosis.

To deal with the prevention of mother-to-child transmission and keep mothers alive, we ensure that pregnant women and their newborns have access to treatment that reduces the risk of HIV transmission during pregnancy and delivery. As a result, by the end of 2011, the transmission of HIV from mothers to children had declined significantly.

In April 2010, the President of the Republic launched a voluntary testing and counselling campaign as an important element for people to know their status in order to ensure early access to treatment and care. As a result, since the campaign started, a considerable number of new people are receiving treatment.

In South Africa, people living with HIV/AIDS whose CD4 cell count is 350 or less are eligible to access antiretroviral treatment with immediate effect as a way of saving lives lost to HIV/AIDS.

In conclusion, the vision of an AIDS-free world can only be realized if we intensify our efforts for an effective and more sustainable AIDS response.

Mr. Quinlan (Australia): Twelve months ago, I had the honour to work with my colleague Ambassador Ntwaagae of Botswana in co-facilitating the adoption of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex). The Declaration, as we know, is bold and ambitious. It reflects a commitment by political leaders to a world where those with HIV are treated with dignity and respect, where those who are at risk of HIV are given support and resources to prevent infection, where those living with HIV can lead full and productive lives, where there is universal access to antiretroviral treatment, where the mother-to-child transmission of HIV has been eliminated, and where groundbreaking scientific advances in HIV prevention and treatment are leveraged to reduce new infections and HIV-related illness and death.

The Political Declaration moves us firmly in the direction of an AIDS-free world. The targets that we adopted by in the General Assembly offer for the first time quantified, achievable targets — targets based on current realities. But the fact is that, without an immediate change in the way we work, those targets risk becoming yet another set of targets that we fail to reach. As the report of the Secretary-General notes (A/66/757), we are not on track to achieve any of those targets, and each target missed means more deaths — more deaths every day.

During the three hours that we meet this morning, over 900 people will be newly infected with HIV, and over 600 will have died. During the three hours that we meet this morning, almost 1,000 people will be newly

infected, and over 600 of them will have died. The rate of infection still outpaces the access to treatment.

We need courage to change our approach to HIV prevention and treatment. We need courage to stop doing things for which there is little or no evidence of effectiveness. I am frankly alarmed to find that very few countries have started the process of formally and fully incorporating the commitments, targets, actions and timelines of the Political Declaration into their national HIV strategies and financing plans. My own country needs to do much better. Yet, the Declaration promises that Member States will complete that process by the end of 2012. Without urgent action, we place at risk the historic opportunity we have to turn the tide of the HIV epidemic. We encourage the Joint United Nations Programme on HIV/AIDS (UNAIDS) to take additional measures to assist countries to fully incorporate the Declaration's elements into their national HIV plans by mid-2013 at the latest.

We must, as the evidence tells us, take an investment approach to the HIV response — investments that are informed by data analysis and aligned to where they will directly benefit HIV outcomes. We must eliminate wastage on ineffective programming and governance architecture. An investment approach must be based on a solid, realistic results framework — using the Political Declaration targets as the foundation — where results are identified and investments funded, not simply aspired to.

We commend the leadership of UNAIDS and Kenya in developing a new investment framework — a tool to promote efficiency and maximize results for the HIV response. The new framework should bring us savings that allow us to reassess the current funding shortfall, but the fact is that the estimated shortfall will still remain immense. As the Secretary-General notes in 2010, we experienced the first ever decline in HIV funding. Reaching the targets in the Political Declaration will require a roughly 50 per cent increase over current outlays.

Australia encourages countries to recognize HIV prevention and treatment services as their core responsibility and allocate their budgets accordingly, especially for populations at higher risk. As the Declaration notes, the higher risk populations are men who have sex with men, people who inject drugs, sex workers and women and young people. All partners in the response need to align to the new investment approach and support countries in using their resources more effectively. That includes the Global Fund to Fight AIDS, Tuberculosis and Malaria as the biggest partner for the HIV response.

Countries need guidance and tools to make the changes needed in their specific context. They need to understand when and how to integrate the HIV response and what that means in concentrated, generalized or low-level epidemics. Recent scientific advances, including new clinical guidelines, offer powerful approaches to HIV prevention, care and treatment. That must give us the confidence to scale up prevention and treatment programmes and to lower the cost of medications. We must also support the enabling environment so vital to the response, including through legal, social and economic frameworks. A human rights-based approach to the HIV response is a necessity. Punitive laws against people living with or at risk of HIV must be repealed. That is fundamental to HIV prevention.

We need political resolve to follow through on the commitments of the Political Declaration. We need to reignite the leadership that we ourselves, the Member States, demonstrated here a year ago. The special event on the Millennium Development Goals to be held in 2013 will be one opportunity to review progress in and lessons of the HIV response. We must work much harder between now and then to deliver a good story. We must also ensure that the HIV response receives the attention it needs in the development of a post-2015 development agenda.

In conclusion, I would like to thank UNAIDS above all, as well as agencies supporting the implementation of this landmark Declaration and mainstreaming the HIV response across programmes. We must all get behind them. My own country is attempting to do so, including through multi-year core funding to UNAIDS. For the first time since this epidemic exploded over us, we do have the ability to beat it. But we will not without far more effective efforts to reach the targets we ourselves have set. My country re-endorses those targets today. We endorse the Secretary-General's recommendations in his report, and we support the draft decision (A/66/L.49) presented for adoption by the General Assembly.

Mr. Rishchynski (Canada): Canada welcomes this opportunity to speak about the progress made towards the commitment to the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate

HIV and AIDS (resolution 65/277, annex). In our current global environment, it is important to renew our sense of shared responsibility and ensure that the principles of national ownership, mutual accountability and sustainability underpin future global responses.

(*spoke in French*)

The Government of Canada is an active player in global efforts to address HIV and AIDS through investments in prevention, treatment, care and support and a commitment to maternal, newborn and child health and to strengthening health systems. The elimination of vertical HIV transmission from mothers to children is an important component of our global health efforts. We applaud the global community's commitment to intensify efforts focused on children through the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive.

(*spoke in English*)

Canada's domestic response has made significant progress in addressing the specific needs of populations disproportionately affected by HIV and AIDS. The Government of Canada's domestic investment will consist of more than $93 million in HIV-focused initiatives for research, laboratory science, surveillance, vaccine development, public awareness, prevention and facilitation of access to care, treatment and support. The Government of Canada recognizes the important role of community partners in reaching people most at risk and in preventing the spread of HIV and AIDS. We also seek to actively engage communities during all stages of research and programme initiatives.

To achieve the new targets set out in the Declaration, Canada will continue to invest in policies and programmes that are effective in meeting the needs of people affected by HIV and AIDS, to sustain efforts to address the broader health inequities and determinants of health, as well as co-infections, including tuberculosis, viral hepatitis and sexually transmitted infections that affect vulnerability and resiliency vis-à-vis HIV. I assure the Assembly that Canada remains fully committed to preventing HIV transmission, supporting those affected by or at risk of HIV and AIDS and eliminating this devastating disease, at home and globally.

Ms. Lucas (Luxembourg) (*spoke in French*): Luxembourg associates itself fully with the statement made on behalf of the European Union.

We welcome today's debate, which gives us the opportunity to assess the implementation of the Political Declaration on HIV and AIDS unanimously adopted last year by the General Assembly (resolution 65/277, annex). Through the Declaration, we committed to achieving 10 goals by 2015, and in particular to reducing sexual transmission of the virus by 50 per cent; eliminating new infections in children and substantially reducing AIDS-related maternal deaths; providing antiretroviral treatment to 15 million people living with HIV; and eliminating the stigma and discrimination against people living with HIV by promoting laws and policies that encourage human rights and fundamental freedoms.

Together with the Joint United Nations Programme on HIV and AIDS and its Executive Director, we are committed to the strategic plan for the period 2011-2015 for the three zeroes: zero new infections, zero discrimination and zero AIDS-related deaths. We believe that plan responds to current needs in the fight against HIV/AIDS by homing in on the salient aspects of that fight. While we certainly appreciate that HIV services are now more integrated into the strengthening of health systems in general, we are still convinced that the fight against this epidemic should not be limited to aspects of public health alone. It also involves a choice on the part of society that takes into account such important aspects as respect for and promotion of human rights and fundamental freedoms. The fight against HIV/AIDS has become an exemplary struggle that is the responsibility of all humankind, a genuine shared responsibility. As such, it has become an inspiration for addressing many other challenges we face.

We thank the Secretary-General for his very comprehensive report (A/66/757) and for the relevant analysis developed in it. If the battle is not yet won, there is nonetheless hope, because for the first time, new infections are declining. As the Secretary-General states in the summary to his report: "After more than three decades of struggle, success is finally in sight." But at this crucial moment, when victory is within reach, we must absolutely not let up. Where financing is concerned, rather than increasing annual resources to the level required, between $22 billion and $24 billion, last year we saw a decrease of 13 per cent. That is not a good sign, considering that we have only four years left to reach our goals. Traditional donors cannot fill that gap alone; we must find other ways. Besides increasing the amount of funding, there are also ways to use existing

resources more efficiently and to target them better, particularly by improving access to services for the most vulnerable groups. Finally, it is also helpful to seek synergies with programmes aimed at other objectives, including the Millennium Development Goals in the area of health.

We should also address the gaps that persist in policies and access to care services, particularly for those in vulnerable groups, such as men who have sex with men, intravenous drug users and sex workers of both genders. Punitive laws, gender inequality, violence against women and other violations of human rights are continuing obstacles to effective national responses. Such responses should be evidence-based and free of taboos, or we will not achieve the desired results.

Luxembourg has long been committed to the fight against HIV/AIDS. It is a priority for us at the national level as well as in the context of our policy of cooperation in development. Our official development assistance (ODA) reached 0.7 per cent of gross national income (GNI) in 2000. Since 2009, Luxembourg's ODA has crossed the threshold of 1 per cent of GNI. In that context, we have invested considerable resources in the fight against HIV/AIDS. Since 2005, Luxembourg has contributed more than €35 million to UNAIDS. In 2011, Luxembourg became the ninth largest overall contributor to UNAIDS. Luxembourg's voluntary contribution amounts annually to €2.65 million, to which we also contribute €2 million to two thematic UNAIDS programmes, namely, the Three Ones and the Global Coalition on Women and AIDS. While the first programme is part of United Nations reform in the context of the Delivering as One initiative, the second programme responds to a disturbing trend of the epidemic and aims to reduce AIDS-related maternal mortality.

Today more than ever, Luxembourg believes that the time is ripe and that we can make substantial progress. It is in that spirit that, on 22 May in Geneva, Luxembourg signed a strategic partnership agreement with UNAIDS for the period 2012-2015. That multi-year agreement, which guarantees funding at a level at least equal to that of previous years, gives UNAIDS greater predictability and greater flexibility in the use of funds.

I assure the Assembly that Luxembourg will continue to work tirelessly to reach the goals we have collectively set for ourselves for 2015.

Mrs. DiCarlo (United States of America): Thirty years into the AIDS epidemic and 10 years after the landmark special session of the General Assembly on HIV/AIDS, we came together last June at the High-level Meeting and agreed on a bold new goal of treating 15 million people by the year 2015.

The United States is committed to achieving the targets set out in the Political Declaration on HIV and AIDS (resolution 65/277, annex). On World AIDS Day, President Obama set a new target for the United States of supporting treatment for 6 million people by the end of 2013. He also announced that the United States planned to reach over 1.5 million more HIV-positive pregnant women with medicine to prevent transmission to their children by 2013.

Despite a challenging budget environment, the United States continues to make this work our priority and currently provides a majority of all donor Government resources for the response to HIV/AIDS. To preserve the progress that we have made to date and to meet our 2015 targets, however, it is critical that other donors step up and do more to ensure a sustained, innovative and funded response to this disease.

The Global Fund remains an essential vehicle in the fight against HIV/AIDS, tuberculosis and malaria. We have pledged to seek congressional appropriations in support of the total contribution of $4 billion to the Fund. We also welcome the pledges of support that have been made by others, including Germany, Japan, Saudi Arabia and the Bill and Melinda Gates Foundation.

In addition to increased funding, meeting the targets set out in the Political Declaration will also depend upon finding efficiencies and increasing the impact of all of our programmes. In 2004, the cost to the President's Emergency Plan for AIDS Relief for providing antiretroviral vaccines and services to one patient averaged nearly $1,100 a year. Today, it is $335 and falling. The United States is committed to strategic investment in high-impact interventions and informed country ownership and decision-making on investment options.

As a global community, we have developed an effective set of tools to put us on the road to an AIDS-free generation. We know that by employing a combination prevention approach, which includes preventing mother-to-child transmission, expanding voluntary medical male circumcision and scaling up treatment for people living with HIV/AIDS, we can

change the trajectory of this disease. We must continue to learn and evolve, embracing new scientific findings and translating those findings into evidence-based interventions.

Achieving our ambitious global goals will require a shared responsibility involving Governments, the private sector, non-governmental organizations, faith-based organizations and, critically, people living with and affected by HIV. Together, we must address in a coordinated manner the barriers that still impede progress. There cannot be an effective public health response to HIV/AIDS if we do not give due attention to key populations, including women, racial and religious minorities or the lesbian, gay, bisexual and transgender community.

The remarkable achievements of the past 12 months give us great reason for optimism about the next phase of this fight. We can only realize the shared vision laid out in the Political Declaration if we further strengthen our collective efforts. The United States looks forward to working with other Member States and partners to meet the major challenges still ahead of us.

Mrs. Dunlop (Brazil): I wish to thank the President of the General Assembly for convening this very important meeting on agenda item 10 on the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 65/277, annex).

I would also like to seize this opportunity to express our gratitude to the Secretary-General for presenting the report contained in document A/66/757, as well as to commend the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its sponsors for the encouraging results recently achieved in the efforts towards achieving the vision of a world with zero new HIV infections, zero AIDS-related deaths and zero discrimination.

This meeting is the first to be held after the adoption of last year's Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. The international initiative that culminated in the adoptions of the Declaration of Commitment and the Political Declaration, respectively 11 and six years ago, constitutes an excellent example of how the constructive engagement of Governments, civil society and other stakeholders can contribute decisively to facing serious global challenges.

The 2011 Political Declaration builds on commitments previously agreed, particularly on the goal to provide universal access to HIV prevention, treatment, care and support, and establishes a set of key targets for 2015, paving the way towards eliminating HIV infections and AIDS-related deaths.

We meet here today not only to assess progress achieved in the implementation of those landmark documents but, most important, to evaluate how our national and collective actions have had an impact on the lives of our peoples and reduced the prevalence and incidence of the disease and the dire consequences for those who live with or are infected with or affected by HIV.

The targets we set for ourselves may be ambitious, but the Secretary-General's report indicates that there are reasons to believe they may be achieved. Substantive reductions have recently been registered in the sexual transmission of HIV, especially in high prevalence countries. However, there is a lot we must accomplish in order to reach the 50 per cent reduction target by 2015.

Comprehensive education on human sexuality must be made available, along with an expansion of access to essential preventive commodities, particularly male and female condoms.

Countries and regions should be able to respond to specific patterns of the epidemic. At the same time, Governments in both concentrated and high-prevalence epidemic countries must put in place strategies that adequately focus on the needs of populations that are at higher risk of infection, in particular injecting drug users, sex workers and men who have sex with men. Discrimination, limited access to health services and a lack of specific HIV-prevention policies contribute to making those key affected populations disproportionately vulnerable to the infection.

Our efforts to significantly prevent HIV infections must be coupled with renewed determination to ensure access to treatment for all those in need. We must strive to achieve our collective commitment to provide antiretroviral treatment to 15 million people living with HIV. Recent research indicates that antiretroviral treatment can also contribute to the prevention of sexual transmission of HIV in serodiscordant heterosexual couples. Vertical mother-to-child transmission can also be eliminated if pregnant women living with HIV and their newborns are provided with antiretroviral prophylaxis during pregnancy, delivery and breastfeeding.

Access to medicines is among the biggest challenges to public health, not only from a medical perspective but also from ethical and political standpoints. Price is still one of the main obstacles to increasing the availability and accessibility of medicines for both institutions and individuals. As a result, poor people are the most affected in our societies, as the poorest and most vulnerable countries are at the international level.

The global campaign to fight HIV and AIDS has contributed to the development of a series of initiatives that are helping to face this challenge. The World Health Organization, UNAIDS, the Global Fund, the GAVI Alliance, UNICEF and the International Drug Purchase Facility, among others, as well as private foundations, are working to compensate for the lack of resources in some countries for the treatment of specific diseases such as AIDS. All those initiatives must be coherent and aligned with the priorities of global health.

Emergency actions must integrate larger socio-economic and global health development strategies. While meeting the immediate needs of patients, we must aim to reach sustainable solutions as our utmost goal. The imperative of public health must always prevail over commercial interests. In that sense, issues related to intellectual property must also be addressed. The Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and Public Health was adopted more than 10 years ago, including the understanding that the TRIPS Agreement does not and should not prevent World Trade Organization members from exercising their right to adopt measures to protect public health and to ensure access to medicines for all. Now it is necessary to promote innovative initiatives such as the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property. We are convinced that the flexibilities to the TRIPS Agreement are an effective tool that must be used to make our HIV programmes financially sustainable, as well as to achieve the ambitious targets to which we committed ourselves in the 2011 Political Declaration.

Mr. Motanyane (Lesotho): Allow me, at the outset to thank the President for convening this important meeting.

My delegation aligns itself with the statements delivered by the representatives of Botswana and Angola on behalf of the Group of African States and the Southern African Development Community, respectively.

I wish to thank the Secretary-General for the report presented in preparation for this meeting (A/66/757). Indeed, it provides a good basis for today's deliberations.

One year ago, heads of State and Government gave impetus to the global fight against HIV/AIDS when they convened at the High-level Meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262, annex) in New York, in June 2011. Of great significance was their solemn declaration of commitment to end the pandemic with renewed political will and strong, accountable leadership. It is in keeping with that commitment that we welcome this opportunity to reflect on what has been achieved so far. That is the only way that we can guarantee real progress.

HIV and AIDS continue to be the biggest challenge worldwide, and one of the leading causes of death. Many people are infected every day and many more continue to die from the pandemic. Many children have become orphans as a result of AIDS. Women and children remain the most vulnerable. All of this is more of a reality in developing countries, particularly in sub-Saharan Africa.

Despite the Commitment pledged by world leaders in 2001, 2006 and, most recently, in 2011, progress in curbing the spread of HIV and AIDS is fairly slow. There are a variety of factors that contribute to this slow progress. They include the high levels of poverty, poor health facilities and unaffordable medications for those in desperate need of treatment, as well as unsafe sexual behaviour. The continuing financial and economic crises have exacerbated the situation. Both developing and developed countries experience shortages of resources, and funding for HIV and AIDS has dropped. The sad reality is that it is developing countries that are hit the hardest.

Those challenges require concerted efforts by the international community to intensify the fight against this scourge. We must collectively do all we can in ensuring the availability of adequate resources that will be used to respond to the plight of the millions of infected and affected people around the world. The importance of fighting this pandemic from all fronts cannot be overemphasized. It is in that context that we energetically applaud the United Nations Entity for Gender Equality and the Empowerment of Women, for joining the United Nations system-wide efforts to

fight HIV/AIDS. That will go a long way in bolstering international efforts to empower women and equip them with the necessary skills and tools to fight the disease.

Lesotho is committed to the implementation of the commitments to fight HIV/AIDS. However, with an infection rate of almost a quarter of the population, the challenges Lesotho faces may seem insurmountable. Our country is burdened with a very high number of women and children infected by HIV/AIDS, a high prevalence rate among youth, high numbers of AIDS-related deaths and an overwhelming number of children orphaned by AIDS. Indeed, those are major hindrances to our country's economic development.

The people of Lesotho are known for their resilience. Our determination to eliminate this scourge shall not wane. In the same breath, Lesotho's resolve to achieve the Millennium Development Goals (MDGs), in particular MDG 6, is as alive as ever. The Government continues to embark on advocacy programmes on prevention, treatment and care options for the people and continues to provide treatment to those who need it. It is thanks to the support of its development partners that more than 80 per cent of pregnant women in need of treatment are now receiving it. In that regard, we shall continue to work together with our partners to ensure better coordination and synergies in order to make a huge impact in our efforts for an HIV/AIDS-free Lesotho.

In addition, the Government also provides grants to orphans and vulnerable children in the country to alleviate their everyday burdens. Those grants have made significant impacts on the families concerned and have ensured that they do not go a day without meals.

Allow me to conclude by reiterating the commitment of the Government of Lesotho to the fight against AIDS. The fight against this scourge is a battle for the survival of mankind. HIV/AIDS knows no borders. As the report of the Secretary-General notes, our hope for future generations free of HIV/AIDS is not an illusion. With determination and renewed vigour, we can make this a reality.

Mr. Tsymbaliuk (Ukraine): While we align ourselves fully with the statement of the European Union, I should like to briefly touch on a number of issues that are of particular interest to Ukraine. I should like to thank the Secretary-General for his report (A/66/757) on HIV/AIDS-related achievements, which was issued a year after the General Assembly High-level Meeting on HIV/AIDS.

HIV/AIDS remains one of the major challenges impeding the development, progress and stability of States, and it requires exceptional and comprehensive responses at all levels — international, regional and national. The fight against this disease is among the major priorities of my Government. Ukraine, along with other States, initiated the convening of the historic special session of the General Assembly in 2001 and remains fully committed to both the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration (resolution 65/277, annex) adopted in June last year.

In that regard, we would like to emphasize our strong support for the Joint United Nations Programme on HIV/AIDS (UNAIDS) global strategy for 2011-2015, which sets out a new vision of the response towards achieving a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

Over the past decade, invaluable experience has been gained and significant achievements made in combating the HIV/AIDS epidemic at the national level. Ukraine adopted a law on overcoming the spread of diseases caused by the human immunodeficiency virus and on the legal and social protection of people living with HIV. As a national strategy and as a part of our national legislation, we established the State service of Ukraine for countering HIV/AIDS and other socially dangerous diseases in order to coordinate the efforts of all partners in combating the spread of this disease.

Ukraine has established effective cooperation between the Government and various non-governmental organizations (NGOs) in combating the HIV/AIDS epidemic. The contribution made by civil society cannot be overestimated. We are proud of the fact that the NGOs and, most important, HIV-positive people are the major partners of the Government of Ukraine in the carrying out of its response to the HIV/AIDS threat. It is not by chance that a representative of Ukrainian civil society participated in the opening ceremony of the High-level Meeting held in June 2011.

Among other achievements, significant success has been achieved in the prevention of mother-to-child transmission of HIV, which is recognized as a main goal of the national response to AIDS. Ukraine's success in combating HIV/AIDS is, to a large extent, due to donors, their commitments and the fulfilment of their obligations to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Over the years, the Fund has

become an effective instrument for sustainable help focused on the achievement of significant results.

An $88 million grant from the Global Fund was recently approved for our country. We express our sincere gratitude to all donors that have provided us with assistance and remain reliable partners of Ukraine in the response to HIV/AIDS.

I should like to note that HIV/AIDS has received an unprecedented response from the United Nations system, States Members of the United Nations, the private sector and NGOs. However, in many countries women and girls remain the most affected by the epidemic, and there is a need for a strengthened protection of women and girls from the threat of HIV.

In that regard, we believe that the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) should pay particular attention to reducing the vulnerability of women to HIV. Ukraine is also pleased to note that addressing the HIV-specific needs of girls and women is among the strategic goals of the UNAIDS programme on HIV/AIDS for 2011-2015.

I should in conclusion like to reiterate Ukraine's commitment to the Millennium Development Goals (MDGs), in particular MDG 6, and to reaffirm its obligations and solidarity in the global fight against AIDS. It is only through a coordinated joint effort that we can combat the remaining global challenges and achieve a zero-HIV society.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): Russia supported the adoption at the High-level Meeting of the General Assembly held in June 2011 of the Political Declaration on HIV and AIDS (resolution 65/277, annex). We consider it to be a key framework for the strengthening of international cooperation to combat the epidemic in the coming years.

We have carefully read the report (A/66/757) on the implementation of the decisions taken at the High-level Meeting. On the whole, we agree with its assessment of the progress made in the implementation of the far-reaching agenda agreed upon by Member States. We take note of the recommendations regarding measures aimed at halting the spread of the development at the global level, and we are in agreement with most of them.

However, we cannot support proposals relating to the decriminalization of the use of drugs and of the sex industry as a means of combating the stigmatization and discrimination associated with HIV-positive status. In addition, based on the Russian experience, we do not consider substitution therapy to be the correct way of decreasing HIV infections among drug users. We would like to emphasize that the possibility of the implementation of such programmes must be considered solely within the framework of national legislation.

Russia has in a targeted and consistent manner been implementing its commitments to prevent, and promote the early detection of, HIV infections and to ensure universal access both to treatment and to social assistance. Federal legislation guarantees all citizens of the country access to a broad range of preventive programmes and no-cost testing and, for those who are HIV-infected, access to free, high-quality medical assistance and the protection of their rights.

In 2011, the total number of persons infected in Russia accounted for approximately 550,000 people. Today it is clear that the epidemic been stabilized in the country, as the number of cases in the past few years has remained at the level of 62,500 a year. The epidemic has entered into a new and controlled stage and is being kept there. There is no question that a significant role in that respect was played by the tremendous work conducted by the health agencies in the implementation of a whole range of steps within the framework of the high-priority national health project. In 2011, actions designed to test for and treat HIV infections accounted for federal budget allocations of more than $600 million. The same amounts will be allocated in 2012-2013.

Russia ensures 100 per cent access for all HIV-infected individuals in need of medications. Today, some 100,000 people are receiving at no cost highly effective treatment with the most modern types of medications. Those patients who are registered at HIV/AIDS centres receive all necessary prescriptions at no cost, including medications prescribed by their personal doctors according to their individual symptoms in view of the possible simultaneous presence of other illnesses.

Particular attention is being given to efforts to prevent mother-to-child transmission. We have in place an effective system for detecting infection among pregnant women. That makes it possible for us to ensure the birth of a healthy child in 99 per cent of the cases of HIV-infected mothers.

An important role is being played by actions to prevent HIV infections among high-risk groups of the population, including those engaging in high-risk behaviours. To get them to take part in voluntary testing

for HIV infection and treatment, we rely on psychological and social assistance workers and are developing active cooperation with public, non-governmental and religious organizations.

The annual coverage of the population and, above all, high-risk groups through voluntary testing for HIV infections now includes 22 million to 25 million people per year, which represents 15 to 17 per cent of the population of the country.

There is also a system in place in Russia for early detection of HIV-infected individuals, who are detected with HIV 7 to 10 years before the infection becomes full-blown AIDS. The encouraging results in reducing HIV infections have resulted not only from the consistent efforts of the State to counteract HIV infections, which we have undertaken over a period of time, but also a carefully targeted strategy of preventive actions based not on the principles of reducing harm but on programmes of excluding risk. That fundamental distinction has made it possible to carry out interventions, in an extremely complex situation for our country, where drug use is the major driver of the epidemic, and to avoid pessimistic scenarios and keep the epidemic under control.

Our country has been a donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria since 2006, and we are continuing to increase the volume of our contributions. During the same period, Russia's contributions to the Fund amounted to $317 million. Russia has also been constructively interacting with the Joint United Nations Programme on HIV/AIDS, acting as a regional leader in counteracting the epidemic. With the involvement of those organizations, an international forum dedicated to achieving Millennium Development Goal 6 in Eastern Europe and Central Asia was organized in October 2011. The outcome of the forum was a plan of action that consisted of concrete commitments by partner countries, donor countries, international organizations and agencies and civil society to achieving the performance targets by 2015 in the area of combating HIV/AIDS.

Mr. Khan (Indonesia): Allow me, first of all, to thank the President for organizing today's meeting, which reminds us of the successful High-level Meeting on HIV/AIDS convened by his predecessor in June 2011. At that meeting, the General Assembly adopted a historic document entitled "Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS" (resolution 65/277, annex). We would like to take this opportunity today to thank the Secretary-General for his comprehensive report (A/66/757) on achieving the targets of the Political Declaration.

Indonesia aligns itself with the statement delivered by the representative of Cambodia, who spoke on behalf of the Association of Southeast Asian Nations.

We gather here today to advance in our shared fight against HIV/AIDS. To date, the HIV virus has killed more than 25 million people worldwide. It is said that every day some 75,000 people contract HIV. In some countries and communities, HIV has raised the spectre of a lost generation, a generation where youth are doomed not to reach or complete their most productive years. In the short and medium terms, the HIV death rate will continue to climb because we have still not found a vaccine or a cure for AIDS.

Up until now, the global community has struggled for 20 years to find a way to bring the HIV epidemic under control. While there have been periodic breakthroughs, it has never been at all clear whether or when the rising tide of HIV infection will be reduced and, if possible, eliminated. However, the past five years have provided clear evidence that we can prevent infection, save lives and improve the quality of life for millions of people threatened, affected and infected by the HIV virus.

Learning from our own experience and from that of others around the world, we must do four things to keep up that momentum. First, we need to learn from past experience and share best practices. Secondly, we must focus our efforts and our resources on strategically important interventions. Thirdly, we have to address the critical social and human rights issues that reduce people's access to the information and services they need to protect themselves from infection. Lastly, we must work in broad partnerships, bringing together the knowledge, influence and expertise of the many players in this vast human drama.

In accordance with the Political Declaration, Indonesia has worked hard to achieve the internationally agreed goals and moved towards the achievement of universal access. We are not there yet but we have made much progress in the past decade. We have laid a solid foundation for important networks of collaboration and developed partnerships that have helped to increase coverage and effectiveness while moving towards self-reliance and sustainability in our response.

Nevertheless, our work is far from over, and we are well aware of the challenges ahead. Too many people remain unreached and unserved. Too many people are still victims of ignorance and counterproductive stigma and discrimination. Without increasing prevention and services for them, we will not be able to bring the epidemic under control. Even though psychological barriers remain, we are seeing progress. Many people are now brave enough to speak out and share their stories. They are involved in finding solutions to the difficulties that AIDS brings to their lives.

It is therefore my hope that greater collaboration and partnerships will result from today's important meeting. It is only by empowering people and strengthening networks that we will bring the HIV epidemic under control. If we work together and work harder, we can achieve universal access for AIDS prevention, care, support and treatment in the near future.

Given the size of Indonesia and the complexity of the AIDS response, the situation will not be brought under control using only one approach or reaching only one segment of the population. We must all be part of the effort and need to embrace and promote a comprehensive, compassionate and inclusive approach.

In the face of the challenges, fighting AIDS in Indonesia is still very much an arduous task, one that is becoming more difficult because the resource gaps in funding for activities and projects to combat HIV/AIDS remain fairly wide. Success will also require us to improve and strengthen our partnership response. Government agencies are fully integrated into the national response. Collaboration with civil society, including faith-based organizations, communities comprising key populations and people living with HIV, is increasing and showing good results. Those partners are key to our national efforts and have full agendas of their own. They also make considerable contributions to the planning, implementation, monitoring and evaluation of our shared national efforts in combating HIV/AIDS.

I wish to assure the Assembly that our Government and people will stay the course in order to help speed up the progress being made in our national response to eliminating HIV/AIDS. In that context, Indonesia lends its support to the draft decision (A/66/L.49) to be adopted at this meeting as part of our commitment to achieving the Millennium Development Goals and formulating the post-2015 United Nations development agenda. Let us move forward from now on as one body, to improve the lives of our friends and family members who are HIV-positive, and to protect our children from infections.

Ms. Ojiambo (Kenya): At the outset, I would like to thank the President for organizing this plenary meeting on HIV/AIDS, and to express my appreciation to the Secretary-General for his comprehensive report (A/66/757) highlighting the progress made so far, the status of the epidemic, the task ahead of us and the road map towards zero new infections, zero discrimination and zero AIDS-related deaths.

My delegation associates itself with the statement made by the representative of Botswana on behalf of the Group of African States.

The year 2015 is almost upon us. The world is at a crossroads. HIV/AIDS is still devastating large sections of our communities and seriously affecting the modest gains made thus far. The countries of Africa are at different stages of addressing the pandemic, with mixed results. While several countries in the region have registered some success in combating it over the past 20 years, the situation is still grave. We have less than three years to make good on our targets for the Millennium Development Goals. The prospects do not look good. We have a lot of work ahead of us and we cannot afford to waver. Yet the challenge is surmountable. Indeed, over the past decade, several countries in Africa, including Kenya, have demonstrated that the epidemic can be tamed by adopting and coordinating an aggressive, multisectoral strategy deeply rooted in the community and with committed leadership at the highest levels.

Though access to essential treatment and prevention has increased, far too many people in need continue to be left behind. We cannot possibly begin to speak of the beginning of the end of AIDS when millions upon millions cannot get essential HIV/AIDS-related aid, new infections continue and international funding is on the decline. The result is that the world will miss the 2015 targets by a considerable margin, a serious indictment of our collective commitment to fighting this scourge.

Not all the news is grim. The prevalence of HIV/AIDS in Kenya has stabilized at about 6 per cent, and new infections have fallen considerably over the years. Sadly, more women are still infected than men and married couples are more affected. Knowledge of HIV prevention methods and testing has increased tremendously. Currently, nearly 600,000 people are under treatment. Such intervention, including treatment,

has helped avert almost 300,000 deaths. The Kenya National AIDS Strategic Plan III was developed in 2009 following emerging evidence from a study of modes of transmission, which identified key drivers of new infections, and a strategic review of the plan's predecessor that identified key gaps and challenges that had hindered achievement of established targets. Under the Strategic Plan III, the following results should be achieved by 2013: first, the number of new infections will be reduced by at least 50 per cent; secondly, AIDS-related mortality will be reduced by 25 per cent; thirdly, reduced HIV-related morbidity; and, fourthly, a reduced socio-economic impact of HIV and AIDS at the household and community level.

To help support its implementation, the Strategic Plan is organized around three main areas: health-sector HIV service delivery, sectoral HIV mainstreaming, and community-based HIV programming. The Plan's highlights are, first, the provision of cost-effective services informed by a rights-based approach aimed at achieving universal access to prevention, treatment, care and support; secondly, targeted, community-based programmes in support of universal access and social transformation for an AIDS-informed society in all communities; thirdly, long-term programmes addressing both the root causes and the effects of HIV; and fourthly, ensuring that all stakeholders operate within a nationally owned harmonized and aligned framework at all levels.

The fight against the HIV/AIDS scourge continues at all levels. Kenya notes with appreciation the recent signing of a memorandum of understanding between the Joint United Nations Programme on HIV/AIDS and the New Partnership for Africa's Developemnt on the operational framework for strategic cooperation and coordination aimed at delivering results in the areas of sustainable financing for health and development.

Despite such hard-won successes and initiatives, HIV/AIDS continues to be a major concern for the Government of Kenya. Some of the notable challenges include, first, financing for scaling up AIDS resources. During the 2010-2011 and 2011-2012 fiscal years, from its combined donor and Government sources the country spent $687 million on HIV and AIDS responses. The bulk of HIV and AIDS financing in Kenya comes from the donor community, a partnership for which we are grateful. Our budget allocation for HIV/AIDS has to contend with competing priorities, such as malaria. We need to explore alternative financing arrangements to complement domestic and donor support. With its devolved system of governance, the Government is seeking new ways of mainstreaming HIV/AIDS action into key sectors of the economy. In order to back up the renewed zeal for local budgeting for HIV and AIDS programmes in the central Government and local authorities, the budget must be ring-fenced so that it is not used for purposes outside the HIV and AIDS Plan.

Secondly, there is the issue of human resources for health in Kenya. The provision of quality health services is a labour-intensive business that demands qualified health workers. However, many health-sector workers are departing the country for developed economies, leaving the health sector under-resourced, as was mentioned earlier by the Permanent Representative of Australia. Taking its investment framework into consideration, Kenya requires investments of about $80 million per year for five years in order to put in place a reasonably sized health workforce.

Thirdly, there is the issue of affordable commodities and low-cost technologies, including drugs, medical supplies and equipment, which are major factors in the high cost of health care. Legislative reforms to facilitate the use of high-quality generic drugs and standardized medical equipment could reduce costs, as could increased investment in low-cost prevention technologies such as microbicides, vaccines, school health education and voluntary counselling and testing. Kenya continues to focus investments on reducing the vertical transmission of HIV, which is a target we can achieve.

Fourthly, there is the matter of human rights, stigma and discrimination, and gender equity issues.

Awareness of legal, treatment, care and rights aspects among people living with HIV/AIDS and health workers needs to be enhanced.

Lastly, stigma and discrimination contribute to low utilization of voluntary counselling and testing services, especially in rural areas.

In conclusion, I wish to say that the provision of universal access to prevention, care, treatment and support services requires more than access to antiretroviral drugs. It requires trained health-care professionals, suitable facilities, current information and increased funding — all integrated within a fully functional health-care system. It is incumbent upon us to act in order to help our people. Our inaction is making the world a more dangerous place to live in. Individual

efforts, however feeble, will make a difference. But, for now and always, let us race to the goal of zero: zero new infections, zero discrimination and zero AIDS-related deaths.

Mr. León González (Cuba) (*spoke in Spanish*): With nearly 35 million people infected around the world, the HIV epidemic continues to pose a global challenge. No country has escaped its effects. We live in a very unequal world. The distribution of resources and opportunities is extremely lopsided, with the poor continuing to be those most affected. Likewise, the worldwide economic and financial crisis and the rise in the cost of food, medicine and treatment continue to put the brakes on progress in the majority of low- — and middle-income countries. The considerable advances in the elimination of the HIV/AIDS pandemic are insufficient. The major obstacles to achieving universal access to prevention, treatment and care for patients and their families include stigma, discrimination and gender inequality. It is therefore critical to eradicate extreme poverty and hunger, to promote equality between the sexes and the empowerment of women, to guarantee the right to education and health for all people on an equal basis as the most basic right of human beings, and to provide comprehensive sex education to adolescents and youth.

The efforts of the countries of the South to achieve the Millennium Development Goals, including the goals related to health, will be effectively obliterated despite the political will to attain them. We urge developed countries to fulfil their development commitments and to repay their historical debt to the countries of the South.

Cuba believes that the enjoyment of the highest possible level of physical and mental health is a fundamental and inalienable right of all human beings, irrespective of their nationality, race, gender, beliefs, religion, sexual orientation or any other pretext used to justify discrimination and the denial of access to health rights. That right does not simply enjoy broad legal support in Cuba; it is broadly implemented despite our country's limited resources and the ironclad economic and commercial blockade imposed by the United States, with its deplorable consequences for the health of the Cuban people. That irrational policy inhumanely prevents us from having access to new medicines and technologies being developed in the world.

The Cuban health system is characterized by free, universal access to all. With respect to meeting the challenge of the HIV/AIDS pandemic, we have in place a multisectoral programme of HIV/AIDS prevention and control that guarantees free medical services to 100 per cent of the population. Interventions are carried out at the level of monitoring and universal access to antiretroviral treatment, while simultaneously guaranteeing the right to employment, full salary, health-adjusted nutrition and the full exercise of social and political rights for people infected with HIV/AIDS.

Cuba produces six antiretroviral medicines and is continuing to conduct research into more effective medicines and a vaccine. At the same time, we have been fortunate to have the support of the United Nations and other organizations that have contributed to strengthening our country's response to the pandemic. Currently, we have eliminated mother-to-child transmission of HIV/AIDS; the transmission of the virus through blood transfusions has also been brought under control. Furthermore, there is now a low incidence of HIV in the population between the ages of 15 and 49, in pregnant women and in people infected with sexually transmitted diseases. In addition, the use of condoms has increased, especially among young people.

Civil society has been a mobilizing factor in the prevention of HIV. Most noteworthy has been the active participation of young people, women, men who have sex with other men, people with HIV, and community leaders with ties to health centres, scientific institutions and community organizations. Similarly, Cuba has extended its modest solidarity in the health field to other third world countries. Today, 38,868 health professionals, 15,407 of them doctors, are stationed in 66 countries around the world, and more than 14,000 students from 122 countries have graduated from the Latin American School of Medicine or other study programmes.

More than 30 years after the emergence of AIDS, 11 years after the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and a mere three years from the target for achieving the Millennium Development Goals, we must urgently renew our political commitment and accelerate the global response in order to halt the virus and prevent it from spreading.

A unified response that brings all parties together in solidarity, along with international cooperation,

constitutes the only path for arriving at sustainable responses and for facing the common challenges of our globalized, unequal and excluding world, which is a threat to all.

Mr. Srivali (Thailand): Allow me first and foremost to align my remarks with the statement delivered by the distinguished representative of Cambodia, in his capacity as Chair of the Association of Southeast Asian Nations (ASEAN). I would also like at the outset to express Thailand's appreciation and support for the report prepared by the Secretary-General (A/66/757) under this agenda item as well as for the recommendations contained therein.

In the same vein, I would like to express our full support for the draft decision (A/66/L.49) to be adopted today, which will maintain the momentum for continued and renewed commitments on HIV/AIDS, both within global efforts to achieve the Millennium Development Goals by 2015 as well as within discussions to formulate the post-2015 development agenda. That, we believe, will be a critical reiteration by the General Assembly of the key understanding that HIV/AIDS is much more than a health challenge.

It has been one year since world leaders met in the Hall to endorse the 2011 Political Declaration on HIV/AIDS (resolution 65/277, annex). We said then and we say again today that the international community must unite for universal access. For Thailand, that goal and principle will continue to be the foundation of our national HIV/AIDS response, which we have reinforced with our pledge to achieve zero HIV infections, zero discrimination and zero AIDS-related deaths.

Since the High-level Meeting last year, Thailand has continued to make substantial progress in our national HIV/AIDS response, particularly in the prevention of HIV infection among the general population and the prevention of mother-to-child transmission. But we must also look ahead to anticipate new challenges. In Thailand, we project that for the next five years, certain key affected populations will account for more than 90 per cent of new infections. They include men who have sex with men, sex workers, injecting drug users and partners in a relationship in which one person is HIV-positive, knowingly or unknowingly. As we work towards the three zeroes, we will seek not only to consolidate our successes. We will do more to address the legal, social and environmental factors that hinder access to prevention and care services. We will work harder to fight stigma and discrimination. At the same time, we will continue to maintain a rights-based and gender-sensitive approach, which is integral to providing high-quality prevention services to all key populations.

In a few short years, ASEAN will become one community. It will therefore be more important than ever for ASEAN member countries to work closely together to combat HIV/AIDS. In that regard, we have been working to improve coordination and cooperation beyond our borders, and hope to continue providing critical HIV prevention, treatment and care for migrant workers, with support from the Global Fund, to which Thailand also contributes.

Last but not least, Thailand will continue to aggressively scale up life-saving treatment programmes, which have relied mostly on domestic funding and very little on international sources. In that respect, the flexibilities of Trade-Related Aspects of Intellectual Property Rights (TRIPS) will continue to be an essential contributing factor in our efforts to achieve universal access. From our experience, it has become abundantly clear that TRIPS flexibilities help ensure that people living with HIV around the world have access to care and treatment. That is a critical understanding that the international community must continue to reiterate again and again. My delegation is therefore gratified to see that the Secretary-General recommends in his report that countries should maximize the use of flexibilities under international intellectual property provisions to lower the costs of medicines. We are also greatly encouraged by the report's recognition of the need for greater action to promote and protect access to medicines, and that care should be taken by all parties to avoid the imposition of measures through free trade agreements that limit the flexibilities now permitted under TRIPS.

We have come far in our struggle to overcome HIV/AIDS. It has been a long, difficult road, but the international community can count on us to continue on the path, shoulder to shoulder with partner countries and organizations, until we all arrive at our common destination, a world free of HIV/AIDS.

Mr. Amit Kumar (India): The 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex) provides a clear road map towards the vision of a world with zero new infections, zero discrimination and zero AIDS-related deaths through a series of pledges and concrete commitments. The report of the Secretary-General (A/66/757) documents the progress made,

but also highlights the critical challenges, including substantial access gaps for key services and the first ever decline — of 13 per cent — in HIV funding, in 2010, which can potentially jeopardize efforts to sustain progress in combating HIV/AIDS.

The national response to HIV and AIDS in India is implemented through the National AIDS Control Programme, which has yielded encouraging outcomes in terms of the prevention and control of HIV over the past decade. The number of new HIV infections annually in India has declined by more than 50 per cent during the past decade. The HIV prevalence in India is estimated to be 0.31 per cent. There has also been a decline in AIDS-related deaths.

Our national efforts have focused on high-risk groups, expanding services and improving access to antiretroviral therapy. We are also working to build the capacities of health care providers, as well as civil society and affected communities, in tackling HIV.

We are conscious that persons infected with HIV still face stigma. We are committed to fight such stigma so that people living with HIV can live lives of dignity.

Prevention remains the major focus area for us. Our HIV-prevention strategies target populations at risk for HIV and ensure access to services and information on HIV prevention, treatment and support services to those in need.

Our targeted intervention programmes have several key components, namely, generating awareness about HIV/AIDS, the prevention and control of sexually transmitted infections, behaviour change communication, promoting the distribution of free condoms, including social marketing of condoms, and counselling and testing services.

Peer education is the backbone of the targeted intervention programme in India. It has ensured community participation in planning, implementing and monitoring the programme and has led to community ownership of the programme.

We have been able to achieve a significant scaling-up of targeted interventions for all high-risk categories. Our national response has also recognized and factored in the impact of migration and mobility in the spread of HIV infection.

All of those efforts are in line with our firm commitment to work towards reducing both the sexual transmission of HIV and the transmission of HIV among people who inject drugs by 50 per cent by 2015.

With regard to the mother-to-child transmission of the infection, we continue to take proactive measures. Our coverage for preventive interventions has expanded, from 2.3 million pregnancies in 2007 to over 10 million pregnancies in 2011, through better detection of HIV positivity among pregnant women. Our target is to enhance the coverage to 14 million pregnancies by 2017.

The National AIDS Control Programme continues to strengthen its linkages with the National Tuberculosis Control Programme to ensure HIV testing among all tuberculosis patients and provide antiretroviral therapy to all those found to be HIV-positive, irrespective of CD4 counts, as per the latest World Health Organization guidelines.

We remain fully committed to providing access to antiretroviral treatment to 15 million people by 2015. It is imperative that the international community remain fully engaged and assist in bridging the resource gaps. The international community has to dismantle barriers that obstruct universal access to treatment. A key barrier is the high cost of antiretroviral medicines.

India is currently meeting approximately 80 per cent of the global antiretroviral drug demand. We remain committed to using all flexibilities under Trade-Related Aspects of Intellectual Property Rights to ensure the availability of affordable and quality medicine to all people living with HIV.

We believe that considerations of commerce and profitability must not be used to erect artificial barriers between life and death. The international community must increase funding and dismantle barriers to improve the availability of affordable and quality drugs for the needy and impoverished.

Our successful national efforts have been underpinned by the early recognition and the adoption of a participatory approach with all stakeholders, including health care providers, local communities and civil society organizations, as well as working closely with donor partners, for the optimal utilization of resources while avoiding the duplication of work and implementing lessons learned from one region of the country to other parts.

In conclusion, we reaffirm our full commitment to all targets and commitments previously made and to those in the 2011 Political Declaration on HIV and

AIDS, with a view to halt and begin to reverse by 2015 the spread of HIV.

We also call upon partners, the international community, donors and international agencies to renew political commitment to ensure adequate funding and support for nationally driven, credible, evidence-based, inclusive and comprehensive national HIV and AIDS strategic plans to contain and combat HIV and AIDS.

Mrs. Aitimova (Kazakhstan): The delegation of Kazakhstan welcomes the submission of the draft decision (A/66/L.49) entitled "Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS". Recalling the ambitious objectives set up by the 2011 Political Declarations on HIV/AIDS (resolution 65/277, annex), it is vital that all partners reiterate their obligations to millions of people living with HIV. It is crucial to evaluate the progress made towards creating a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths by 2015.

Despite the efforts made and the significant achievements of the international community, HIV/AIDS continues to adversely affect sustainable development. The pace of the epidemic is still much greater than that of the global efforts to combat the AIDS epidemic. Currently, HIV remains an incurable disease despite the large financial investment and scientific research worldwide. At this critical turning point, the world is moving from addressing AIDS to ending the epidemic.

Since the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2), at a special session of the General Assembly in 2001, my country, in line with the international commitments and its national ownership, has achieved certain success. As a result of national activities on the prevention, diagnosis and treatment of HIV, the infection has been stabilized at the concentrated stage.

The World Economic Forum's Global Competitiveness Report ranks Kazakhstan at 22 — 0.18 per cent — when it comes to the prevalence of HIV. It is noteworthy that our HIV rate dropped by 14 per cent from 2008 to 2011.

While taking a comprehensive approach at all levels to eliminate the spread of HIV, Kazakhstan pays particular attention to the key populations at higher risk of infection. Consequenty, the rate of HIV transmission as a result of injecting drug use declined by one third between 2006 and 2011, from 66 per cent to 44 per cent. Antiretroviral coverage for people living with HIV stands at 83.3 per cent, as compared with 23 per cent in the Eastern Europe and Central Asia region.

In an effort to meet the targets of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Kazakhstan has included preventive antiretroviral treatment for pregnant women in its guaranteed free health care.

In order to reduce the risk of HIV transmission during pregnancy and delivery, the coverage for antiretroviral treatment has been raised to 92.5 per cent. Consistent with the national course to eliminate stigma, discrimination and violence against people living with, and affected by, HIV, along with the Government there are some 97 HIV-related non-governmental organizations carrying out activities to overcome social exclusion.

My delegation strongly supports the recommendations contained in the report of the Secretary-General (A/66/757), especially those relevant to the decisive role of fund-raising, increased accountability and the elimination of duplicative systems of services for addressing HIV. Kazakhstan highly commends the teamwork of the United Nations sister agencies, such as the World Health Organization, UNAIDS, UNICEF, UN-Women and others to remain focused on cross-cutting issues in responding to HIV. Nevertheless, there is still room for further improvement of the mechanisms of interaction.

We also encourage partners to continue exploring measures to ensure greater availability and affordability of essential medicines. The position of my delegation is that national legislation should be designed in a way so as to improve the lives of citizens. In that context, we consider the proposal to scale up domestic and regional production of antiretroviral drugs in the regions that are most affected by the infection as truly promising.

In conclusion, I would like to reaffirm Kazakhstan's support of the forthcoming special event of the General Assembly in 2013 as a dramatic step to assess progress and provide the basis for a post-2015 HIV-related road map.

Mrs. Bibalou (Gabon) (*spoke in French*): My delegation is pleased to participate in this high-level

plenary meeting of the General Assembly on assessing the progress made by the international community in the fight against the HIV/AIDS pandemic.

The adoption by the General Assembly, in June 2011, of a new Political Declaration (resolution 65/277, annex) allowed us to reaffirm our shared commitment to combating this pandemic based on the goals of zero new infections, zero discrimination and zero AIDS-related deaths. I would like to take this opportunity to thank the Secretary-General for his report contained in document A/66/757, which provides a comprehensive view of the progress made and the outstanding challenges remaining in this area.

My delegation would like to associate itself with the statement made by the representative of Botswana on behalf of the Group of African States.

The High-level Meeting of June 2011 underlined once again the magnitude of the pandemic, which has become not only a real obstacle to development but also a cross-cutting threat to international peace and security.

As a member of the Security Council, Gabon made its modest contribution to the consideration of this issue by convening under its presidency, on 7 June 2011, a Council meeting (see S/PV.6547) on the impact of the HIV/AIDS epidemic on peace and security issues, during which resolution 1983 (2011) was adopted.

Within the framework of the implementation of the 2011 Political Declaration, the Government of Gabon has defined new strategies on awareness-raising and communication among the population. That proximity approach is aimed at improving the behaviour of individuals faced with problems of prevention, testing, care and treatment of sexually transmitted infections, in particular HIV/AIDS. It is also aimed at reducing the number of new infections and mitigating the impact of HIV/AIDS on individuals, families and communities. In that context, the Government has signed a partnership with Pari Mutuel Urbain Gabonais aimed at better coordination and dissemination of prevention strategies throughout the national territory. In implementing this new vision, the Government recently adopted an operational plan for communication that provides for the distribution in 2011-2012 of messages, publicity spots and broadcasts on prevention that are adapted to local contexts and transmitted by reliable channels in the field.

In addition to the efforts undertaken by the Government, non-governmental organizations are also playing an active part in awareness-raising about the dangers of HIV/AIDS. A major effort in that regard was the 2012 "African Nations Cup without AIDS" campaign, organized by the First Lady of Gabon's foundation with the assistance of the l'Organisation panafricain de lutte pour la santé and the Red Cross of Gabon. Those activities took place mostly in the two cities that hosted the African Nations Cup, namely, Libreville and Franceville. More than 150 volunteers spread out over those two cities to disseminate information, raise awareness and mobilize the population on the dangers of the epidemic. As a result of this campagin, 1,500 people were tested, 488,800 condoms were distributed and 43,000 people were directly made aware of the disease. Moreover, it should be noted that those efforts were complemented by the participation of the legendary Brazilian soccer player Pelé, the king of football, and by Olympic gold medal winner Samuel Eto'o.

Despite the considerable efforts our States have made to roll back the HIV epidemic, the magnitude of the scourge remains a serious concern. We must continue to call for the mobilization of additional resources. Numerous programmes now being implemented, particularly in Africa, where the number of infected people with HIV remains high, require continued financing. It would be unfortunate to see the efforts of the international community diminish at a time when we are just beginning to reap the fruits of our campaign and when science has been making encouraging progress in the area of research.

Mrs. Morgan (Mexico) (*spoke in Spanish*): I am pleased to take the floor today, one year after the adoption of the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (resolution 65/277, annex) during the High-level Meeting on HIV/AIDS, held from 8 to 11 June 2011. I would like to express my gratitude to the Secretary-General for his report (A/66/757) on options and advances for the swift implementation of the Political Declaration and for the preparations being made for the high-level event that will be held in 2013. The Political Declaration includes noteworthy advances, such as the setting of goals in the areas of universal access and new commitments in those of prevention, financial resources, the strengthening of health-care systems and efforts in the area of innovation.

My delegation believes that it is important to highlight the progress that we have achieved in the

Declaration: by calling for reducing stigma, by including a code of ethics for human rights in fighting HIV/AIDS and by including references to provide greater visibility for those populations at higher risk for infection. We know that there are some 33.3 million people living with HIV around the world and that new infections decreased by 20 per cent over the past. With regard to a topic that is perhaps the most visible in the area of universal access, global antiretroviral treatment coverage stood at 36 per cent in 2009. Latin America is today the region with greatest coverage for those in need, who have been receiving antiretroviral treatment at a rate of 51 per cent coverage. Despite that progress, there is still much to be done.

Countries need to join efforts to establish regional and global partnerships, including with stakeholders such as civil society organizations, people living with HIV, academia, the scientific community, the United Nations and other entities for cooperation, with a view to providing a coherent response to the HIV/AIDS epidemic and to meet the goals to which our countries commited themselves in adopting the Declaration of Commitment (resolution S-26/2) and the Political Declaration on HIV/AIDS, as well as to meet Millennium Development Goal 6.

With the view to improving and making more effective our response to the epidemic, it is essential that, as soon as possible, all countries have in place sustainable mechanisms for providing antiretroviral treatment to people who need it in a timely, sustained and permanently cost-free manner. We need to work to reduce the cost of antiretroviral treatment, both in low- — and middle-income countries. We also call for redoubling efforts to considerably increase prevention and health care with a focus on groups at greatest at-risk populations for HIV/AIDS, without neglecting the population as a whole.

To the extent that we manage to respond to HIV/AIDS by bringing all those elements together, we will be providing a sound and successful response to the epidemic.

Mr. Benmehidi (Algeria): At the outset, I would like to thank the President for convening this plenary meeting on the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declaration on HIV/AIDS (resolution 65/277). I would also like to thank the Secretary-General for his report (A/66/757).

We are please to participate in this meeting, which provides us with an excellent opportunity to reaffirm our commitment to reach the goals we set at the 2011 High-level Meeting on AIDS aimed at achieving the vision of zero new HIV infections, zero discrimination, and zero AIDS-related deaths.

My delegation aligns itself with the statement delivered by the representative of Botswana on behalf of the Group of African States.

The Secretary-General's report (A/66/757) entitled "United to end AIDS: achieving the targets of the 2011 Political Declaration" points to mixed progress in the fight against HIV/AIDS worldwide. On the positive side, it outlines that 2.5 million deaths are estimated to have been averted since 1995 due to the increase in access to antiretroviral therapy, with 350,000 new HIV infections averted in children. Furthermore, it stresses that the gains made in preventing new HIV infections are at their lowest level since the peak in the mid-2000s. However, the report also warns that AIDS remains one of the greatest challenges of our time. More than 34 million people are still living with HIV.

We fully share the concern highlighted in the report regarding the particularly dire situation in sub-Saharan Africa, which remains the most heavily affected region and accounts for 68 per cent of all people living with HIV and for 70 per cent of all people newly infected in 2010. We strongly believe that the international community should pay special attention to the adverse impact of the situation, which jeopardizes socio-economic progress in the region.

My delegation is pleased that the report includes certain recommendations, which we fully support, in particular those referring to the need to integrate control and prevention activities with efforts at socio-economic development. We also appreciate the Secretary-General's call for building new partnerships and for a new approach to HIV investment in order to mobilize necessary resources, including the goal of reaching the target of devoting $22 billion to $24 billion for HIV by 2015.

The Algerian Government is highly committed to preventing and treating AIDS. Our adult HIV/AIDS prevalence is estimated at 0.10 per cent. Since 1989, my country has been implementing a national strategic plan based on a multisectoral response to this scourge. The implementation process of our national plan to fight HIV/AIDS focuses on several specific

activities, including measures to prevent the spread of infection, free antiretroviral treatment, free voluntary counselling and free testing services. Most important, my Government has placed prevention at the centre of its strategy by scaling up its efforts in targeted intervention for high-risk groups, education and communication packages for specific segments of the population and scaling up the service-delivery component. We have also mainstreamed HIV/AIDS prevention, care and treatment in all Government projects and activities and have actively involved civil society and other stakeholders as partners in working towards that goal.

My delegation strongly believes that the fight against HIV/AIDS has not only human rights and health dimensions but also socio-economic and development dimensions. We are also of the view that national and international funding for responses to HIV/AIDS is still insufficient, given the magnitude of the epidemic, and that the global financial and economic crisis continues to have a negative impact on the response at all levels. In that regard, we would like to take this opportunity to make the following proposals. Laying emphasis on prevention is of prime importance to the control of HIV/AIDS, particularly by developing countries with inadequate resources. It is also of critical importance to improve access to affordable medicines, including generics, to scale up access to affordable HIV treatment, to explore options for producing essential medicines in the most affected regions and to make use of the flexibilities inherent in the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights Agreement and Public Health.

HIV/AIDS medicines, treatment and care are costly, and developing countries face serious difficulties with their responses in terms of financing and technology. Therefore, there is an urgent need for developed countries and international organizations and funds to strengthen their cooperation in assisting developing countries, especially those in sub-Saharan Africa, in their fight against HIV/AIDS. The necessity of adopting a holistic approach that includes effective prevention strategies and access to low-cost, affordable treatment for all cannot be overemphasized for an effective fight against the pandemic.

Before concluding, allow me to reiterate Algeria's strong commitment and firm resolve to fight this epidemic in a concerted and collaborative way.

The Acting President (*spoke in French*): We have heard the last speaker for this meeting. We will continue our consideration of this item this afternoon.

The meeting rose at 1.15 p.m.